

EXHIBIT 3

CONSENT TO BECOME PARTY PLAINTIFF

I consent to become a "party plaintiff," named, or a representative plaintiff in this action, seeking payment of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

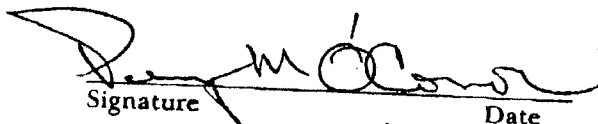
☒ I am/was employed by Kaleida Health.

☐ I am/was employed by Catholic Health System.

☐ I am/was employed by Erie County Medical Center.

☒ I am/was employed by another health institution: Lakewood at Elderwood

I authorize the representative plaintiffs or plaintiffs' attorneys to file this consent with the Clerk of the Court. I hereby further authorize and designate them class representatives as my agents to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, including the settlement therefore, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.


Signature

Date

1/23/08

Penny M. O'Connor
Print Name

CONSENT TO BECOME PARTY PLAINTIFF

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☒ I am/was employed by Catholic Health System.

☐ I am/was employed by Erie County Medical Center.

☒ I am/was employed by another health institution: Inland Empire Hospital now TLC

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Charlene Matyjakowski 1/13/08
Signature Date

Charlene Matyjakowski
Print Name

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☒ I am/~~was~~ employed by Kaleida Health. *Millard Fillmore Sub. Hosp.*

☐ I am/~~was~~ employed by Catholic Health System.

☐ I am/~~was~~ employed by Erie County Medical Center.

☒ I am/~~was~~ employed by another health institution: *Strong Memorial Hosp (Lod.)*

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Mark F. Josher SR 1/13/08
Signature Date

MARK F. JOSHER SR
Print Name

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☐ I am/was employed by Catholic Health System.

☐ I am/was employed by Erie County Medical Center.

☒ I am/was employed by another health institution: Pediatric Services of America

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Shannon C. Ayotte 1/11/08
Signature Date

Shannon C. Ayotte
Print Name

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☒ I am/was employed by Catholic Health System.

☐ I am/was employed by Erie County Medical Center.

☒ I am/was employed by another health institution: Briarwood Manor

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Cynthia L. Stone
Signature

01-10-08
Date

Cynthia L. Stone
Print Name